

# TRICARE Change Management Board Fact Sheet

Date\_\_\_\_\_

1. **PROGRAM CHANGE TITLE:** \_\_\_\_\_  
(e.g. "TRICARE Prime Remote, TRICARE Senior Supplement, etc.")
2. **PROGRAM MANAGER:** (The Program Manager (PM) is appointed in writing by the PEO. The PM is responsible for the planning, integration, management, coordination, and execution of day-to-day activities associated with meeting the program schedule, cost objectives, and performance deliverables. List Name, Organization, Telephone, Fax Number, and E-Mail address)
3. **PROGRAM DESCRIPTION:** (Describe, in general terms, the program's mission need or operational requirements. Describe why existing systems or programs can not meet the current or projected requirements.)
4. **MISSION IMPACT:** (Identify the program's impact on TRICARE and the overall TRICARE Program. Identify opportunities for program collaboration. Include Population and Enrollment estimates.)
5. **PRIORITIZATION/RATIONALE:** (Assign the program a prioritization rating and briefly explain the rationale for that designation. Ratings: (1) Congressionally Mandated Requirement; (2) Mission Essential Requirement (e.g., benefit changes, changes to medical practices, etc.); and, (3) Other Recommended Requirements.)
6. **IMPLEMENTATION PLAN/SCHEDULE:** (Insert a schedule that identifies high level tasks to be completed. Also identify the major milestones.)
7. **ROUGH ORDER OF MAGNITUDE (ROM)** (Attach supporting ROM documentation)

Cost Description	Cost (\$)
Purchase Care - Admin	
MCS Contract	
Non MCS Contract	
Purchased Care - Healthcare	
MCS Contract	
Non MCS Contract	

<b>Total:</b>	
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8. **RESOURCE MANAGEMENT STEERING COMMITTEE INPUT** (This section will be completed by Program Management & Integration.)

**Services Split:**

<b>Service</b>	<b>Cost (\$) FY00</b>	<b>Cost (\$) FY01</b>	<b>Cost (\$) FY02</b>
<b>Army</b>			
<b>Navy</b>			
<b>Air Force</b>			
<b>Total:</b>			

5/3/00